

**Wallenstein
& Wagner**
INTELLECTUAL PROPERTY LAW

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Facsimile Transmittal Sheet

To: Mrs. Dillard - USPTO	From: Monique A. Morneault
Company:	Date: January 17, 2003
Fax Number: 703-305-9822	Number of Pages: 3
Your Reference Number:	Senders Reference Number:
Re: Change of Correspondence Address	

Comments/Notes:

Attached are the requests for change of correspondence address for Serial Nos. 09/864,718 and 09/864,734. We appreciate your assistance with this matter.

Regards,
Monique

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PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035
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**CHANGE OF
CORRESPONDENCE ADDRESS**
*Application*Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	09/864,718
Filing Date	May 23, 2001
First Named Inventor	Jiren GU
Art Unit	1773
Examiner Name	D. Nakarani
Attorney Docket Number	1248P053

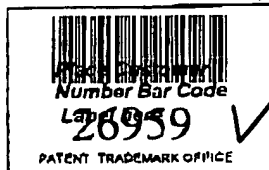
Please change the Correspondence Address for the above-identified application to:

☐

Customer Number

Type Customer Number here

OR

☒Firm or
Individual Name

WALLENSTEIN & WAGNER, LTD. Attn: M. Morneault, Esq.

Address

311 South Wacker Drive - 5300

Address

City

Chicago

State

IL

ZIP

60606

Country

US

Telephone

312-554-3300

Fax

312-554-3301

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐

Applicant/Inventor.

☐

Assignee of record of the entire interest.

☐

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒

Attorney or Agent of record.

☐

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

Monique A. Morneault

Signature

Date

November 18, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231